

☐ Non-Reportable

0

Local Use/Patrol Area
11-012174-8313-C-2

31 |

☐ ☐ ☐ ☒ YMiles 30 ft.

			X
N	S	E	W

(0 ft. Intersection)

Latitude _____

— Longitude _____

Altitude

UNIT# 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER _____

Driver	GUY	EDWIN	WHITE
	First	Middle	Last

Address 200 WEBFOOT DR

City GARNER State NC Zip 27529-6738

Same Address on Driver's License? ☒ Yes ☐ No

Driver's Phone Number H _____
W (919) 772-8810

D.L. #	30304796	D.L. Class	C	State	NC
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DOB 05/30/1976 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

37 Alcohol/ Druas Suspected	0	38 Alcohol/ Druas Test	0	39 Results (if known)	0	40 Vehicle Seizure (DWI)	<input type="checkbox"/>
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Owner TOWN OF GARNER

Same as Driver?	<input type="checkbox"/>
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Address 900 SEVENTH AVE

City GARNER State NC Zip 27529

Plate # 92473R	Plate State NC	Plate Year 2899
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VIN	2FAFP71W2WX177389
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Vehicle **FORD** Vehicle **1998** 41 Vehicle **31** 42 Vehicle ☒ Yes
Make _____ Year _____ Style (Type) _____ Drivable ☐ No

43 TAD	LBQ-2	44 Estimated	\$2,500.00
		Damage	

Insurance Company JONES INSURANCE AGENCY, INC.

Policy # BA3347X664

Carrier Identification Numbers, GVWR, Axles

Source:

US DOT# _____ ICC# _____ Axles on Vehicle _____

Including Trailers

State _____ State # _____ IFTA# _____

	Floor #	Gross Vehicle
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FBI# _____ Fleet# _____ Gross Vehicle
Weight Rating _____


21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if
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A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	W	F	2	1	0	2	1	5	see above	Veh# <u>1</u> Towed To/By: <u>N/A / N/A</u>
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	W	M	2	1	2	2	1	5	see above	Veh# <u>2</u> Towed To/By: <u>N/A / N/A</u>
C													<input type="checkbox"/>	
D													<input type="checkbox"/>	
E													<input type="checkbox"/>	
F													<input type="checkbox"/>	
G													<input type="checkbox"/>	
H													<input type="checkbox"/>	

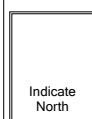
46 Name of EMS

47 Injured Taken _____

4 / Injured Taken _____
by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1 8,14 Unit# 2 7		VEHICLE INFO.		Veh# 1 25 Veh# 2 25		ROADWAY INFO.		WORK ZONE RELATED	
				60 Authorized Speed Limit		25		69 Road Feature 0		78 Workzone Area 5	
CRASH SEQUENCE (Unit Level)		Unit# 1 Unit# 2		61 Estimate of Original Traveling Speed		5 20		70 Road Character 1		79 Work Activity	
49 Vehicle Maneuver/Action		10 4		62 Estimate of Speed at Impact		5 25		71 Road Classification 6		80 Work Area Marked	
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)		0 0		72 Road Surface Type 3		81 Crash Location	
51 Non-Motorist Location Prior to Impact				64 Distance traveled After Impact (ft.)		0 0		73 Road Configuration 2		TRAILER INFO. Unit# 1 Unit# 2	
52 Crash Sequence - First Event for This Unit		31 30		65 Emergency Vehicle Use				74 Access Control 1		82 Trailer Type 0 0	
53 Crash Sequence - Second Event		30		66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/> <input type="checkbox"/>		75 Number of Lanes 2		1st Trailer No. Axles	
54 Crash Sequence - Third Event				67 School Bus - Contact Vehicle		<input type="checkbox"/> <input type="checkbox"/>		76 Traffic Control Type 0		Width (inches)	
55 Crash Sequence - Fourth Event				68 School Bus - Noncontact Vehicle		<input type="checkbox"/> <input type="checkbox"/>		77 Traffic Control Oper		Length (feet)	
56 Most Harmful Event for This Unit		30 30		COMMERCIAL VEHICLE: Hazardous Materials Involvement		Unit 				2nd Trailer No. Axles	
57 Distance/Direction to Object Struck		0 0		Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No		From Placard indicate:				Width (inches)	
58 Vehicle Underride/Override		3 3		Hazardous Cargo Released (does not include fuel from fuel tanks) <input type="checkbox"/> Yes <input type="checkbox"/> No		4-digit placard number or name from diamond or box		1-digit number from bottom of diamond		Length (feet)	
59 Vehicle Defects		7 7		Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						83 Unit # Overwidth Trailer and Overwidth Mobile Home	
										Overwidth Permit #	

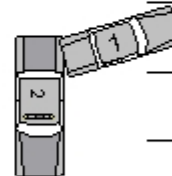
84 DIAGRAM



NOT TO SCALE

PVA 1900 Spring Dr

Spring Dr



Unit# 1 was ☒ Traveling ☐ Parked Facing N S E W on PVA 1900 SPRING DR Unit# 2 was ☒ Traveling ☐ Parked Facing N S E W on PVA 1900 SPRING DR

85 NARRATIVE

(include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEH #2 WAS TRAVELING ON SOUTH ON THE PVA OF 1900 SPRING DR. VEH #1 WAS BACKING OUT OF A DESIGNATED PARKING SPACE. VEH #2 ATTEMPTED TO SPEED UP TO AVOID THE CRASH BUT VEH #1 STRUCK VEH #2 IN THE LEFT REAR QUARTER PANEL.

THIS REPORT CONTAINS HEARSAY AND THE SUBJECTIVE OPINION OF THE INVESTIGATING OFFICER

86 Type/Owner		Owner Address Phone		ADDITIONAL PROPERTY DAMAGE		State Property? Estimated Damage \$	
WITNESSES							
Name		Address		Phone No.			
Name		Address		Phone No.			
TRAFFIC VIOLATION(S)							
Name		Charge(s)					
Name		Charge(s)					

Officer Name
OFFICER M L MCIVEROfficer Number
1175Department
GARNER POLICE DEPARTMENTDate of Report
06/03/2011